Improving Continence Care:

10 Must-Know Facts about Incontinence

Incontinence, defined as the involuntary loss of urine or feces, is a condition that is rarely spoken about – despite the fact that it affects millions of people globally and has a major impact on users' and carers' well-being, dignity as well as on health care costs. Access to appropriate solutions not only improves the quality of life of those with incontinence, it also generates value for society.

Incontinence can have a severe impact on health-related quality of life 1, and affects almost 400 million people worldwide²



Incontinence is classified as a set of diseases by the World Health Organization and consequently, absorbent incontinence aids have to be classified as medical devices in most countries around the world³



Roughly 1 in 3 women over the age of 35⁴ and as many as **1 in 4 men** over the age of 40 experience some form of urine leakage⁵



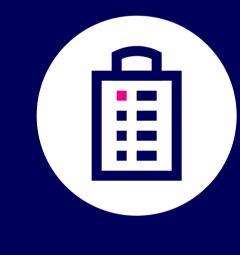
30% of all informal carers who care for someone 70+, care for a person with incontinence⁶



1 in 5 people caring for a person with incontinence report a significantly lower Quality of Life score than the average carer⁷



The International Organization for Standardization's ISO 15621 standard defines **20 criteria** to guide the selection of the most suitable absorbent product*



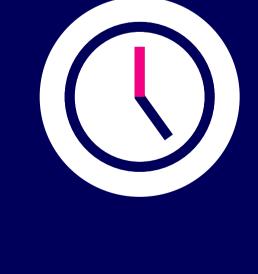
Incontinence can be treated, sometimes cured, and always managed. Personalized care should aim to maintain or restore continence, or manage incontinence with purpose made products



Proper product selection and continence care routines* preserve users' dignity, and make it easier for them to join in social activities¹⁰



Optimized continence care routines* can reduce unnecessary workload by 44%¹¹



Better match between needs and products, reduce waste disposal by 31% if clear guidance is in place* and adhered to11



Learn more about incontinence by

visiting essentialsinitiative.com

#Essentials



Sources

²Irwin DE, Kopp ZS, Agatep B, Milsom I, Abrams P. Worldwide prevalence estimates of lower urinary tract symptoms, overactive bladder, urinary incontinence and bladder outlet obstruction. BJU Int. 2011;108:1132-8. 3http://apps.who.int/classifications/icd10/browse/2016/en; EU: MDR 2017/745, US: QSR CFR 21 part 820, Canada: MDR SOR/98-282, Australia: The Therapeutic Goods Act 1989.

¹Coyne, Kvasz, Ireland, Milsom, Kopp, Chapple. Urinary incontinence and its relationship to mental health and health-related quality of life in men and women in Sweden, the United

⁴ICI, EPIC study, TNS study ⁵Based on a survey including men over 40, conducted by SCA in 2012 in US, UK, Germany, Italy, Russia and Mexico. File date that was not published. ⁶SCA Hygiene Products estimate

⁷Global care giving relatives segmentation study, Ipsos in cooperation with SCA Hygiene Products, 7 countries (Brazil, China, France, Germany, Russia, Spain, USA) Oct 2011 - Mar 2012. *ISO/TC 173/SC 3/WG 2 Urinary absorbing aids °ICS WCW Factsheet, 2015 www.ics.org/public/wcw

¹⁰SCA data on file (staff questionnaires): All statistics are based on results from between 86-105 TENA Solutions case studies (depending on question) around the world, mainly Europe but

also USA and Canada. Results vary across countries and care homes. 2012-14. "SCA Data on file; All statistics are based on average percentages from between 85-181 TENA Solutions case studies around the world, mainly Europe but also USA, Canada and China.

Results vary across countries and care homes *In the framework of TENA Solutions and the implementation of TENA good practices

Kingdom, and the United States, European Urology Volume 61, issue 1 (January 2012).